

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Docket No.: 200.1079CON2
Date: March 11, 2008

In re application of: Ronald M. Burch, et al.
Application No.: 10/056,347
Filed: January 25, 2002
For: Analgesic Combination of Oxycodone and Meloxicam

Sir:

Transmitted herewith is a **Response to Election Requirement (6 pages)** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

	(Col. 1)	(Col. 2)	
FOR:	REMAINING	HIGHEST	
	AFTER	PREVIOUSLY	PRESENT
	AMENDMENT	PAID FOR	EXTRA
TOTAL CLAIMS	16 Minus 20	=	0
INDEP. CLAIMS	2 Minus 3	=	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY		OR	LARGE ENTITY	
RATE	FEE		RATE	FEE
x \$ 9	\$		x \$ 18	\$0
x \$ 44	\$		x \$ 88	\$0
+ \$150	\$		+ \$300	\$0

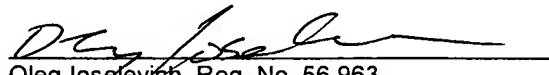
TOTAL: \$ OR TOTAL: \$0.00

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

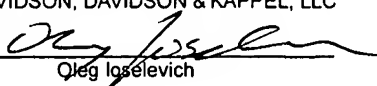
- ☒ Also transmitted herewith are:
☐ Petition for month extension under 37 C.F.R. 1.136
☒ Other: **Return postcard**
- ☐ Check(s) in the amount of **\$00.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for month extension under 37 C.F.R. 1.136
☐ Other:

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
☒ Any patent application processing fees under 37 C.F.R. 1.17.
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that the documents referred to as attached therein and/or transmitted herewith and/or fee(s) are being deposited with the United States Postal Service as "first class mail" with sufficient postage in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450* on March 11, 2008.
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 
 Oleg Ioselevich



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/056,347
Applicant: Ronald M. Burch, et al.
Filed: January 25, 2002
Art Unit: 1639
Examiner: Jon D. EPPERSON
For: **Analgesic Combination of Oxycodone and
Meloxicam**
Docket No.: 200.1079CON2

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RESPONSE TO ELECTION REQUIREMENT

Sir:

In response to the Office Action of February 25, 2008, Applicants submit the following:

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this document.